NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section Albany, N.Y. 12237-0023

Application to Local Registrar for Copy of Death Record

PLEASE C	COMPL	ETE	FORM	AND	ENCL	OSE	FEE
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FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

		PLEA	SE PRINT OR TYPE	
Name of Deceas	ed		Date of Death or Period to be Covered	d by Search
First	Middle	Last		
Name of Father	of Deceased		Social Security Number of Deceased	
First	Middle	Last		
Maiden Name of Mother of Deceased			Date of Birth of Deceased Age at Deat	
First	Middle	Last	Month Day Year	
Place of Death				
Name of Hospita	or Street Address		Village, Town or City	County
	or Street Address h Record is Require	ed	Village, Town or City	County
Purpose for Whice	h Record is Require		Village, Town or City	County
Purpose for Whice	h Record is Require			County
Purpose for Which What was your re	h Record is Require	ceased?		County
Purpose for Which What was your re In what capacity If attorney, name	th Record is Require elationship to the de are you acting?	ceased? your client to de	ceased	County

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT		
Name		
Address		
City	Sta	ite Zip Code

DOH-294A (7/92) VS-34D